

United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686

Expiration Date: 10/31/2015

Applicant Information		Fundir	ng Year 201	2 Target FI	eet Sch	iool E	lus	Reba	ate Type R	eplace	ment	
Organization Name PRIGGES CHARTERED BUSES INC												
Address 1139 PENN	SYLVA	NIA A	VE									
City SHEBOYGAN			County/Parish SHEBOYGAN State						te WI ZIP 53081			
Employer/Taxpayer No. (EIN/TIN)												
Eligible Entity Informa Private fleet owners are able to requested, are currently contra- jurisdiction over transportation	apply for cted or lea	funding f	rom the National n eligible entity.	Clean Diesel Rebate An eligible entity is a f	ederal, region	onal, S	ate, local	, or tribal a	agency or port	authority	with	
Eligible Entity Type	Eligible Entity Type		Eligible Entity Name					Eligible Entity Location (City, State)				
Local Govt/Agency	Local Govt/Agency		SHEBOYGAN AREA SCHOOL DISTRICT					SHEBOYGAN, WI				
I certify the fleet of vehicle(s) or equipment, for which rebate funds are being requested, meet the requirements for private fleets as described above and in the terms and conditions within the Program Guide.												
101 private neets as described above and in the terms and conditions within the Program Guide.												
Original Vehicle												
Vehicle Identification Number	Engine Model Year	Vehicle Class	Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Consumption		Annual Idling Hours	Location of Operation County State		Rebate Amount*	
1 1BAAHCSA8VF073250	1996	7	CUMMINS	TCE359D6DABW	18,000	2,500		180	SHEBOYGA	WI	25,000	
2 1BAAHCSAXVF073251	1996	7	CUMMINS	TCE359D6DABW	16,000	2,300		150	SHEBOYGA	WI	25,000	
3 1BAAHCSA2WF079918	1997	7	CUMMINS	VCE359D6DABW	15,000	2,300		140	SHEBOYGA	WI	25,000	
4												
5								***************************************				
I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.							Total Funds Requested 75,000					
I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.							*Please see the Program Guide for eligible rebate amounts					
pplicant Signature												
By signing, I certify knowledge. If selection funding.												
Funding for the National			_	am is subject to co	ontinuing	feder	al appr	opriatior	ns. Please s	see the	)	
Program Guide for addition	onal iun	aina in	iormation.									